


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 MAR -6 PM 12:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 93-97

mwb

DOCUMENT # **F 11065** 93-97

1. Corporation Name
DUNVEGAN DEVELOPMENTS INC

Principal Place of Business Mailing Address
410 JEFFREY A. LEVINE RA.
900 NORTH FEDERAL HWY
SUITE 380
BOCA RATON FLORIDA 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		40 ALAN MATHER		12/05/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		16 WILKET RD		592160654	
City & State		City & State		Applied For	
		TORONTO		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
M2L1N6	CANADA	M2L1N6	CANADA	TO TORONTO	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MATHER ALAN S.	16 WILKET RD	TORONTO CANADA M2L1N6

100002110651--2
 -03/11/97--01136--020
 ***1418.75 ***1418.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BONITATIBUS for A RANPALL		Name JEFFREY A. LEVINE <i>JAL</i>	
		Street Address (P.O. Box Number is Not Acceptable) 900 NORTH FEDERAL HWY	
		Suite, Apt. #, Etc. SUITE 380	
		City BOCA RATON	State FL Zip Code 33432

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jeffrey A. Levine* REGISTERED AGENT MUST SIGN **JEFFREY A LEVINE** Date **3/3/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *ALAN S. MATHER* **ALAN S. MATHER** FEB 21/97 416-446-0800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (12/96)